

SEMIANNUAL WELL TEST REPORT

1. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	188. CHECK ONE ONLY OIL WELLS ____ * GAS WELLS ____ <i>*(Required for gas wells only)</i>	8. FIELD NAME	11. OPERATOR NAME AND ADDRESS <i>(Submitting Office)</i>
189. REPORTING PERIOD STARTING DATE	190. UNIT NUMBER	10. MMS OPERATOR NUMBER	

4. LEASE NO.	3. WELL NO.	2. API WELL NO./PRODUCING INTERVAL CODE	105. NET OIL/CONDENSATE <i>(BBLs/DAY)</i>	106. NET GAS <i>(MCF/DAY)</i>	107. NET WATER <i>(BBLs/DAY)</i>	96 CHOKE SIZE <i>(64THs)</i>	100. FLOWING TUBING PRESSURE <i>(PSIG)</i>	99.* SHUT-IN WELLHEAD PRESSURE <i>(PSIG)</i>	102.* LINE PRESSURE <i>(PSIG)</i>	93. PRODUCTION METHOD	106. API OIL/CONDENSATE GRAVITY	92. DATE OF TEST

26. CONTACT NAME	28. AUTHORIZING OFFICIAL <i>(Type Name)</i>	30. TITLE	DATA ACCEPTED
27. TELEPHONE NO.	29. AUTHORIZING SIGNATURE	31. DATE	DATE

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